MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
March 19, 2014, 9:00 am to 3:30 pm
United Way Conference Center, Room F
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MHPC MEMBERS PRESENT:

Teresa Bomhoff
Jim Chesnik (by phone)
Jackie Dieckmann
Jim Donoghue
Julie Kalambokidis (by phone)
Gary Keller (by phone)
Sharon Lambert
Todd Lange
Amber Lewis
Sally Nadolsky
Donna Richard-Langer
Brad Richardson (by phone)
Jim Rixner
Lee Ann Russo
Christina Schark
Dennis Sharp
Kathy Stone (by phone)
Gretchen Tripolino
Kim Wilson
Ann Wood

MHPC MEMBERS ABSENT:

Kenneth Briggs, Jr.
Ron Clayman
John Eveleth
Kris Graves
Diane Johnson
Doug Keast
Todd Noack
Lori Reynolds
Joe Sample
Kimberly Uhl

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning Bureau Chief
Connie Fanselow	DHS, MHDS, Community Services & Planning
Karen Hyatt	DHS, MHDS, Community Services & Planning
June Lackore	Office of Consumer Affairs
Laura Larkin	DHS, MHDS, Community Services & Planning
Mary Mohrhauser	DHS, MHDS, Community Services & Planning
Renee Schulte	DHS Consultant

COMMITTEE WORK - Time was available from 9:00 am to 10:00 for committee meetings.

WELCOME & INTRODUCTIONS - Teresa Bomhoff called the meeting to order at 10:00 a.m. and led introductions, with twelve members present and five members participating by phone. Action items were postponed until a quorum of 20 members could be established.

Membership Changes – The Council welcomed Gretchen Tripolino to her first meeting. Gretchen is a social worker at the Independence Mental Health Institute. She joins as the DHS State agency representative for mental health services.

Nancy Anders submitted her resignation, effective March 11. She indicated that her work and family responsibilities do not leave enough time for her effective participation on the Planning Council.

Long-time Planning Council member Virgil Gooding passed away on February 10. His perspective will be greatly missed. Members commented that Virgil was a good friend who always promoted inclusion and diversity and brought a fresh perspective to Council discussions. He taught others and helped them gain insight into the social component of the African American community and better understand children and youth with diverse social backgrounds. He worked hard for others and shared important and enlightening information. Teresa Bomhoff noted that he helped people understand the importance of getting representation from minority communities and would be a great legacy to him for the Council to work hard at adding members with diverse experiences and perspectives.

Teresa also noted that Kim Uhl is still very ill and encouraged Council members to let her know they are thinking of her.

The Council currently has three vacancies: two for parents of a child with serious emotional disorder, and one public/private entity, which was Virgil's former seat.

M & O Committee – Jackie Dieckmann reported that the committee has been struggling to find a time that works for most of the members and get enough people together to move forward with their goals. She noted that Mary Mohrhauser will be coming to the meeting today to update everyone on the status of the MH Block Grant contacts. The members of the committee are Jackie Dieckmann, Donna Richard-Langer, Jim Rixner, Todd Lange, Todd Noack, and Kris Graves. Connie will contact committee members to set up a meeting time. [Note: The next M & O Committee meeting has been scheduled for June 20 at 11:00 am by telephone.]

Veteran's Workgroup – Ken Briggs was not present to report. Teresa Bomhoff said Ken had spoken with Jodi Tymeson and she had said the Council would be welcome to visit the Iowa Veteran's Home. Teresa is planning to arrange a visit for July.

Corrections Workgroup – Brad Richardson reported that the workgroup identified some key areas and planned to follow up with some interviews, but have not met since November or December. The workgroup needs to schedule another time to meet. Jim Rixner commented that people are now actively being signed up for Medicaid before they leave prison and that is making an enormous difference for them when they get out. Work is continuing to get people in residential treatment centers signed up as well.

Jim also said he attended his first regional meeting in yesterday in Lamars; he said portions of it focused on law enforcement and commitments, and it was very informative. There was discussion about how to make the commitment procedure better, develop crisis intervention programs and other better alternatives, and use commitment only as a last resort. Sharon Lambert commented that she is still

concerned about the use of Tasers and isolation and the need for law enforcement personnel to have a better understanding of mental illness. Todd Lange said he wants to see a more flexible and creative approach, including a spectrum of crisis stabilization, mobile crisis, subacute beds, and peer and family support, as well as more humane treatment for people with mental illness who end up in the correctional system.

Legislative Workgroup – Teresa Bomhoff shared several documents she developed related to mental health policy and legislation:

- History and Next Steps for Mental Health Redesign in Iowa
- Four Legislative Needs (March 2014)
- Dear Iowa Legislators Letter

The first document outlines the history and progress of mental health redesign in Iowa and identifies five legislative priorities:

1. Continue with redesign efforts to have a continuum of care across the ages and across the span of wellness
    - Require an annual progress report
    - Establish a framework for the children's mental health system
    - Implement and fund core plus services for development of a continuum of care
    - Public/private partnership to enable Iowa to have a robust mental health and substance abuse system
2. Adequate funding
    - Remove the "claw back" (Medicaid offset)
    - Make annual allocations for maintenance and growth of the system
    - Provide new funding to increase access to services
3. Workforce capacity
    - Authorize training costs as direct expense for all providers
    - Implement a workforce system for peer specialists and family support specialists
    - Expand mental health/substance abuse workforce education opportunities
    - Continue training related to multi-occurring capability, trauma informed care, and evidence based practices
4. Mental Illness, Disability and Co-Occurring Education
    - Implementation of recommendations for training on suicide prevention and trauma informed care
    - Require mental health and suicide prevention education for school students and staff
    - Collaborate with legal professionals to provide mental health education for judges and attorneys
5. Reinstate open access to mental health medications
    - Consider cost real savings
    - Remove artificial barrier to access
    - Prior approval may be considered more expensive

Mental Health & Disabilities – Summary of Next Steps: Teresa outlined major MHDS funding proposals:

- $30 million for equalization funds
- Suspend or repeal the claw back
- $1.078 million Risk Pool funds
- $6 million for Broadlawns Hospital acute care beds, mental health clinic, and psychiatric residency program
- $4 million to reduce HCBS Waiver waiting lists
- $500,000 to establish an Iowa Office for Suicide Prevention
- $250,000 to open a Mental Health Advocate's Office
- $50,000 to institute an acute care bed tracking system
- Other measures to enhance mental health workforce capacity

The packet also contained:

- NAMI (National Alliance on Mental Illness) Effective Mental Health Services for Adults
- NAMI Effective Mental Health Services for Youth
- State Legislative Information 1-15-12 – showing links to legislative reports
- A comparison of Iowa Medicaid, the Iowa Health and Wellness Plan, and the Iowa Marketplace Choice Plans
- Benefits comparison and notes on Medical Exemption

Kim Wilson said that hospitals have been allowed to ask for presumptive eligibility for the medical exempt determination. She noted there is still a lot of confusion about the medically exempt status.

Four Legislative Needs Document:

1. The Medicaid offset should be suspended, lowered or repealed
2. HCBS Waiver waiting list funding
3. Bed availability tracking system for acute mental health
4. Education on anti-bullying, suicide prevention, mental illness, disability, and trauma informed care

Teresa Bomhoff said these four legislative needs formed the basis of a letter to legislators that she, Dawn Francis, and Geoff Lauer drafted and they are asking organizations to sign on to it. Teresa said she had hoped to ask the Council to vote on supporting it today, but there is not a quorum present. She proposed sharing the letter by email and asking members to vote on supporting sign-on by email.

MH BLOCK GRANT IMPLEMENTATION REPORT - Laura Larkin reported that every year the State submits an implementation report on the use of the federal mental health block grant funds and the goals and priorities of the mental health block grant plan. The plan is now submitted every two years. The current implementation report covers the period from July 1, 2012 to June 30, 2013, which is the second year of Iowa's 2-year plan. It does not address the plan that was just submitted.

The three goals were:

1. Children will remain within the state of Iowa for treatment of mental health needs.
2. Iowa, through the Mental Health Block Grant, will increase provider knowledge and skills in addressing trauma, crisis and conditions that co-occur with mental illness.
3. Iowa will increase the numbers of individuals who receive Medicaid-funded peer support services.

Goal 1 – Activities that helped support this goal included Magellan of Iowa assuming responsibility for management and authorization of all Psychiatric Medical Institution for Children (PMIC) services and providing funding for increased training of staff and other supports needed to serve children and youth that would otherwise be served out of state. In July 2012, when Magellan assumed management of PMIC services, 45 children were identified in out of state mental health treatment facilities. In June 2013, Magellan reported 34 children in out of state mental health treatment facilities. Zia Partners have offered training in serving people with multi-occurring conditions and have expanded that training to include the spectrum of disabilities to better help providers serve people with complex needs.

Goal 2 - In State Fiscal Year (SFY) 2013, 32 technical assistance meetings were held with individual providers and county and regional governance groups. Technical assistance and training will continue to be offered in SFY 14 to regional governance groups as well as providers and members of the public.

Goal 3 – There were 526 distinct recipients of peer support services. The baseline measure from SFY 11 was 339 distinct recipients of peer support services. Iowa anticipates the number of individuals receiving peer support services to continue to increase due to increased access to peer support services through the Integrated Health Home programs, which are being phased in across the state during SFY 14.

Laura said DHS will submit a report in December 2014 that will cover the previous plan year. She noted that there are parts of the implementation report that are blank because the format has changed and what Iowa is doing does not fit every part. The report has to certify that the state has net the maintenance of effort (MOE). Laura said it as necessary to apply for a waiver of the MOE requirement in 2010 and that waiver was granted. The state has met the guidelines in 2011 and 2012, but will have to apply again in 2013 because of the change from the county system to the State taking over all the costs of Medicaid match.

MH Block Grant Contracts - Mary Mohrhauser updated the Council on the status of the mental health block grant contracts. She shared an alphabetical list of the contracts with information on their scope of work, contract amounts, and year-to-date expenditures. Mary said that for the first time she made a list of contracts by region; if a contract covers at least one county in a region, it is listed under that region. She said she has been working with the community mental health centers (CMHCs) on evidence-based practices. Most of the CMHCs use their block grant funds to provide direct

services to individuals who have no other funding source, and for providing trauma informed care, and using multi-occurring service delivery models.

Mary said that many of the deliverables in the CMHC contracts did not change since last year; they are collecting data for reporting outcomes on performance measure and working on building in continuous quality improvement. Mary noted that CMHCs include some other community mental health providers as designated by counties. There are less CMHC contracts than there have been in the past; several have closed and some are serving larger areas. Mary said that the spending information needs to be viewed as a snapshot, because numbers change almost daily.

Some of the items included in the 25% contracts include:

- Iowa Empowerment Conference - stipends
- Magellan – CHI and CHI-C tools
- Iowa Advocates for Mental Health Recovery – Office of Consumer Affairs
- Iowa Behavioral Health Association – State Mental Health Conference stipends

A break for lunch was taken at 12:05 p.m.

The meeting resumed at 1:10 p.m.

MENTAL HEALTH FIRST AID - Karen Hyatt presented an update on MHFA training. There are now two versions of the training – the original one for adults and a new one for adults working with youth. The adult course was originally 12 hours, divided into 2 or 4 segments; the National Council for Behavioral Health has now changed that so it can be taught in one 8-hour day. They found that it was difficult for many people, such as law enforcement personnel, to be able to attend for two days. The content and overall premise has not changed, but the training has been restructured.

There are 85 people in Iowa who have been trained as MHFA instructors. A core group of about 25 to 30 of them is active on a regular basis. The national council requires each instructor to teach three classes a year to remain on the instructor list, so probably only about 60 to 65 of the instructors will have met the requirement to remain on the list. Training is being done all over the state. The University of Iowa trainers have done a big push with local law enforcement agencies and resident assistants at the University. The University of Northern Iowa is training all graduating social work students, and the Iowa Law Enforcement Academy is training all new cadets. It is also being used to meet ongoing mental health training requirements for law enforcement agencies, and in schools.

The youth MHFA training option is geared for adults who work with youth, and is not designed to train youth specifically. The basic training is very similar, but uses different examples, different exercises, includes information on how teens learn differently from adults, and information on eating disorders and ADHD (Attention Deficit Hyperactivity Disorder). Four individuals in Iowa have been trained in the youth version.

Karen said there is a lot of demand for the training, but it is very expensive to train the trainers, so DHS looking at ways to pay for bringing instructor trainers to Iowa to build up the capacity for more training. To find someone who can provide the training, you can go to the National Council's website at: http://www.mentalhealthfirstaid.org/cs/take-a-course/find-a-course/ and input your state and county, or you can contact Karen or Laura Larkin and they can find courses that are going on or direct you to people in the community who can help start a course.

LeeAnn asked if there was similar training for other disabilities. Karen responded that this training first came from Australia and they have another version that may be adapted and available for use here soon. Karen said that over 50 people at Glenwood State Resource Center have been trained, including residential treatment workers, social workers, and psychiatric administrators.

Jim Rixner asked if the Department is tracking how the training is being used. Karen said they are not doing that now, but there is research from other places that shows people are more aware of mental health; what has not been shown yet is if their behavior is really changing. She said it is hard to track outcomes, but people could be invited to self-report on how they think they have changed their attitudes, language, or actions.

Karen said it is challenging to find groups that do not need this training. Bus drives, home health care providers, and cab drivers are among those who have gone through the training. She said some emergency room personnel have been trained and those classes were challenging because their outlook and their training background is very different; they even had to talk about changing the language that is used.

Christina Schark said it is more about changing culture and sometimes about discovering internal biases that you may not know you have.

Jim Donoghue shared of Department of Education flyer for the Learning Support Conference on April 23 and 24.

CRISIS STABILIZATION SERVICES – Renee Schulte updated the Council on the development of administrative rules for crisis stabilization services. Renee explained that the core services rules, which were adopted in November 2013, became Chapter 25.1 of the Iowa Administrative Code and the regional rules, which were adopted in December 2013, became Chapter 25.2. This rules package will go into Chapter 24, which is the chapter for accreditation standards, and will be used to accredit providers of crisis stabilization services. This will be a new division of the chapter, and the rest of Chapter 24 will be revised.

Renee noted that these rules will provide for all eight crisis services that were identified in core services and additional ("core plus") services, and services that are facility-based as well as those that are community-based. The eight crisis stabilization services included are:

1. 24-hour crisis response
2. Evaluation
3. Personal emergency response system
4. 24-hour crisis hotline
5. Mobile response (including EMS rural options)
6. 23-hour crisis observation and holding
7. Crisis stabilization facility-based and community-based services
8. Crisis residential services

Renee said she has been working with the MHDS Commission committee to develop the rules. The group started with a large document that compiled existing provisions of Iowa law and the best practices from other states, and started working through it to decide what needed to be in this package. The committee is scheduled to meet later today to continue their work.

The rules will include parts that apply to the whole package and provisions specific to each particular service. Peers will be an important part of the workforce; for example, a 24-hour warm-line might be staffed by peer support specialists. The rules will also include sections on accountability, documentation, client rights, and standards.

Renee said she has been out visiting sites around the state that are using components of these services. There is a pilot project in the Waterloo area that has been funded for the last two years. The lessons learned from the pilot project can be used as a source of information. She said the goal is to provide standards that will result in consistent programming across the state, but will not get in the way of people doing things in a way that works for them. Services may be statewide, or they may be local.

There is currently a bill (HF 2379) in the legislature to authorize DHS to accredit crisis stabilization programs and clarifies that they will not be required to meet Department of Inspections and Appeals (DIA) standards for accreditation that apply to other types of health care facilities.

Jim Rixner commented that he hopes as these services evolve they will become alternatives to the formal commitment process. Theresa Armstrong said that the intent is that crisis stabilization services will be available to help keep people from needing higher, more intensive levels of care. She added that the Department wants providers to have the flexibility to decide what works in their communities,

Karen Hyatt said that one of the biggest challenges is to write the rules so that people can have the services in their own homes, other community based settings, or facilities and have the rules work regardless of the setting. Renee added that principles relating to the Olmstead Supreme Court Decision, trauma informed care, and multi-occurring capability are all infused into this effort.

These rules will govern non-Medicaid services that will be regionally funded. If providers also want to seek Medicaid funding for the services they will have to meet all

Medicaid rules that apply as well. In response to a question, Renee said that transportation is not mandated in the legislation and she does not know how transportation will be included with these services. It is intended that they will work with rural EMS (emergency medical services).

MHDS UPDATE – Theresa Armstrong updated the Council on DHS/MHDS activities and bills of interest in the legislature.

HF 2379 – This bill authorizes DHS to accredit crisis stabilization programs and clarifies that such programs will not be required to meet Department of Inspections and Appeals (DIA) standards for accreditation that apply to other types of health care facilities. This legislation follows up on the pilot program that began two years ago and allows it to move forward. It has now passed both the House and the Senate.

HF 2417 – This is a "clean up" (or Code Editor) bill for making necessary technical corrections to the Iowa Code. The changes update old language relating to the county CPC process to be relevant to the new regional administration system and revises language where needed to make it consistent with new processes and updates that have been made elsewhere in Code. This bill has passed the House and passed out of Senate Committee. There are likely to be some amendments made to it in the Senate.

HF 2376 - This is a bill relating to prior authorization for prescription drugs. It requires the use of a single, simplified form for prior authorization. The bill passed the House but did not make it out of the Senate.

HF 2378 – This bill was initiated by the Iowa Association of Psychologists. It gives the state board authority to grant provisional licenses to psychologists who have completed their Doctorate to practice independently for two years before becoming fully licensed. Currently they can only practice under supervision of another licensed psychologist for the first two years.

SF 2330 – This bill relates to how community mental health centers are reimbursed. CMHCs and Magellan worked together on the bill. Currently the CMHCs are reimbursed throughout the year, but do cost reporting at the end of the year. The cost reporting delays the collection of a significant amount of the costs for a period of 12 to 24 months. Under this bill, CMHCs can choose to continue cost reporting or go to a fee-based reimbursement model that will eliminate the delay. It has passed the Senate and passed out of committee in the House, so it will still be up for debate in the House.

Regional Updates – DHS has received twelve 28E Agreements from regions. Fourteen regions will have to complete 28E Agreements; Polk County will not since it is operating as a single-county region. The two remaining 28E Agreements are expected to be submitted soon. Three of the agreements have been completely approved by DHS, and two more are close to final approval. Nine needed some revisions; all nine of those regions have had communications with DHS about the revisions, and four or five have been revised and resubmitted. Regional Management Plans are due April 1. The first

one was submitted just this week. Management plans include the regional budget, and lay out specific services, providers, and local access points for the region.
Some of the items that needed to be addressed included how money is managed and if funds will be pooled; showing clearly that the funds are under the control of the governance board; and confusion about what the term "regional administrator" means.

Each region has a governing board made up of supervisors from each of the counties, and non-voting consumer and provider representatives. They also have advisory groups; the membership of those groups and how they are formed varies from region to region.

Regional management plans and the annual budgets are due April 1. Julie Jetter and Jan Heikes have been out talking to the regions but none of the plans has been submitted to DHS yet. Some regions have named their CEOs and some have designated regional leads. A list of the regional leads is available.

Iowa Health and Wellness Plan – Theresa Armstrong reported on the enrollment numbers for the IHAWP as of March 6:

- Total number of enrollees is 74,552
- 59,927 are enrolled in the Iowa Wellness Plan (0 to 100% FPL)
- 14,625 are enrolled in the Marketplace Choice Plan (100 to 138% FPL); these individuals have coverage through Coventry or Co-opportunity
- 3219 of the enrollees have been determined to be medically exempt thus far
- Actuaries estimated that the medically exempt numbers would be about 14% of the total
- Since the medically exempt determination takes some time after initial enrollment, those numbers will change as more people are identified
- The overall numbers are growing by 800 to 1000 new enrollees per day
- Efforts are being made to identify people who would have been served by the counties and will now qualify for enrollment in IHAWP

Medicaid Offset – The Medicaid offset is based on savings to counties that are to be determined through costs paid through the Iowa Health and Wellness Plan. Theresa said there are estimates, but only actual numbers will be used. The first determination will not be until October 15 of this year, based on the first six months of IHAWP, from January 1 through June 30.

Under the Medicaid offset legislation, 20% of the savings stay with the counties. In the first fiscal year, the other 80% goes back to a fund to be re-appropriated by the legislature for the MHDS regional system. In succeeding years, 50% goes back to be re-appropriated and 30% goes to property tax relief. It is to be based on services the counties would have had to pay for but will not be paying for now because they are covered by IHAWP, such as outpatient mental health services.

Equalization – The Governor has included equalization funding in his budget for next year. This is the amount needed to bring counties below the $47.12 per capita levy rate up to that amount of funding.

Todd Lange said that Magellan is in process of identifying providers for phase three of the integrated health home rollout, which will cover the remainder of the state; that is about 60 counties.

Ann Wood shared that Iowa Advocates for Mental Health Recovery have won federal grants to fund two new projects. The first is a three-year grant called Project Create for training recovery guides to teach a curriculum on recovery. They hope to get younger people involved in the recovery movement and will be reaching out to college campuses. The second is called the Recovery League; it is designed for artists and creative individuals in the young adult age range who want to put their stories into graphic novels. Those who are involved can be paid for their artistic work and it will be another way to share recovery stories. Both projects are designed to expand support, education and hope for adults and young adults with mental health, substance use, or other major life stressors.

The meeting was adjourned at 3:25 p.m.

Addendum: Action on Letter to Legislators - Following the meeting, Council members voted by email to sign on to the letter Teresa Bomhoff presented, outlining four critical legislative issues of concern. The following members voted to approve signing on to the letter: Teresa Bomhoff, Ken Briggs, Ron Clayman, Jackie Dieckmann, John Eveleth, Kris Graves, Julie Kalambokidis, Dr. Gary Keller, Sharon Lambert, Todd Lange, Todd Noack, Lori Reynolds, Donna Richard-Langer, Brad Richardson, James Rixner, Christina Schark, and Ann Wood. The following members abstained from the vote: Jim Chesnik, Jim Donoghue, Sally Nadolsky, Lee Ann Russo, and Kathy Stone. No votes against the proposal were recorded.

Minutes respectfully submitted by Connie B. Fanselow.